Nevada Medicaid-Health Care Guidance Program

What this Care Management Organization is and how it partners with providers, hospitals, Federally Qualified Health Centers, and Managed Care Organizations to improve patient health.

What is the Nevada Health Care Guidance Program?

The Health Care Guidance Program is a care management program that partners with local providers, hospitals, and health centers to help certain Fee-for-Service Nevada Medicaid beneficiaries better manage their health. The program, which launched June 1, 2014, provides integrated physical and behavioral care management for up to 41,500 individuals across Nevada.

Program Goals

- The objectives are to establish reforms that sustain the improvements in the quality of health and wellness for Nevada Medicaid beneficiaries and provide care in a more cost-efficient manner.
- The program seeks to help providers coordinate care for their highest risk, chronically ill patients that qualify.
- The program is designed to help improve the quality of health care that certain Fee-for-Service Nevada Medicaid beneficiaries receive through care management services.
- Program beneficiaries will receive one-on-one care management services that promote patient self-management skills.

Benefits to Providers

- Additional program resources offered at no cost to you
- Program staff support the PCMH model with the provider at the center of the care team
- Direct collaboration with program resources on patient care plans
- Support for your highest risk, neediest patients
- Decreases no-shows
- Coordination of patient transportation services
- Targets proper medication adherence
- Provides after hours clinical support for your patients
- Improves patient self-management skills and health outcomes

Benefits to Hospitals and Health Systems

- Care transition and adherence interventions help decrease unnecessary readmissions that are often not covered or result in penalties
- Program supports work to decrease inappropriate ED visits
- Care team works with hospital discharge planning whenever possible to ensure timely discharge, coordinated transition to next setting of care, and appropriate supports to avoid unnecessary return ED visits
- Coordination with behavioral health and ambulatory specialists help enrollees get the support they need
- Evidence-based guidelines help increase quality and patient safety

Benefits to Federally Qualified Health Centers (FQHCs)

- Program care teams promote FQHCs as Medical Homes for beneficiaries, increasing FQHC enrollment of Medicaid members
- Designated program staff visit FQHCs regularly to help coordinate patient services, decrease no shows, address patient transportation needs, and provide linguistically appropriate support
- Care teams receive administrative and claims data, allowing them to share patient care plans, gaps in care, medication adherence, and information on other providers prescribing for the same patients

Benefits to Managed Care Organizations (MCOs)

- Program provides support for MCO members in both urban and rural Nevada locations, ensuring continuity of care
- Partnership with MCOs strengthens shared provider networks, drives the PCMH model, closes gaps in care, and fosters patient-provider collaboration
- Care team staff work with MCOs to share and transfer care plans and other care management information when program beneficiaries opt into the MCO

Program Funding and Delivery

- The Health Care Guidance Program has been approved by the Centers for Medicare and Medicaid Services (CMS) as a 5 year research demonstration.
- The program is funded under the umbrella of a 1115(a) Research & Demonstration waiver.
- AxisPoint Health's Care Management is the program administrator under contract to the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP).

Beneficiary Participation

- The Health Care Guidance Program is a free, enhanced medical benefit; beneficiaries will continue to receive medical services through the current fee-for-service payment system.
- Participation is mandatory for all Fee-for-Service Nevada Medicaid members.
- Eligible Fee-for-Service members are those with one or more of the demonstration-qualifying chronic conditions or a high cost/high utilization pattern who would benefit from additional support.

Participant Identification and Assessment

- The CMS research and demonstration waiver defines the qualifying chronic physical and mental health conditions.
- Predictive modeling tools are used to assess all 41,500 potentially eligible beneficiaries and identify their risk level and presence of one or more of the qualifying conditions.
- Providers are also able to make real-time referrals of eligible patients into the program.
- Once identified, beneficiaries are assigned to one of 8 care management programs based on their qualifying condition(s) and needs.

Provider Can Validate and Refer Eligible Patients

- Providers may validate the enrollment of patients and refer Fee-for-Service patients into the program by faxing a referral to 1-800-542-8074 or by calling the program directly at 1-855-606-7875 and selecting prompt "2". Providers may also download a referral form or validate patient enrollment by visiting our web site at **http://www.nvguidance.vitalplatform.com/providerportal/nev.**

Care Teams

- Serving as an extension of the provider's practice and the medical home, the Health Care Guidance Program is delivered by regional care teams.
- By design, care team members are situated geographically within their clients' communities and reflect the diversity of Nevada.
- The care teams will be led by a full-time, in-state Medical Director who oversee and provide guidance for the program and its delivery.

- Care teams include:
    - Community-Based Primary Nurses
    - Care Team Supervisors
    - Social Workers
    - Community Health Workers/Peer Support
    - Complex Case Managers
- Using evidence-based clinical guidelines, care teams coordinate with the patient's providers and treatment team to work with the patient on implementing personalized care plans and managing follow-up appointments and services.

Program Delivery

- Patients receive targeted one-on-one support from their care team that may include:
    - Patient and caregiver coaching on their conditions and treatment plans conducted face to face or telephonically
    - Assistance with selection of a primary care provider for those patients without a primary physician
    - Identification of both medical and non-medical barriers that impact their health
    - Access to 24/7 nurse advice services
    - Links to community resources and health education materials
    - Help obtaining equipment and medications and coordinating transportation
    - Support for care transitions between settings of care and providers
- Providers can access patients' care plans, receive clinical alerts, obtainmonthly reports regarding gaps in patient care, and provide online feedback to the care team.

Contact Us

For questions about the Nevada Medicaid Health Care Guidance Program, organizations may contact Dr. Thomas McCrorey, Medical Director, at thomas.mccrorey@axispointhealth.com or 775-434-1874.

If a Fee-for-Service Nevada Medicaid beneficiary, please call the Nevada Medicaid Health Care Guidance Program at 1-855-606-7875.

"When a patient and their caregivers understand how to better manage chronic diseases on a daily basis, the patients often need fewer extended hospital stays, ED visits, or other costly medical interventions," says Thomas McCrorey, MD, Medical Director at AxisPoint Health. "We work closely with local providers to break down barriers to care and help improve the health outcomes of their patients."